

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

Candidate signature (in ink)

File with City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Reporting Period Beginning DECEMBER 31 Type of report: (Check one) ☐8th day preceding preliminary □8th day preceding election □30 day after election ⊠vear-end report Full Name of Candidate (if applicable) Office Sought and District Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) 5.00 Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used NONE USED Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received			ount	(for contributions of \$200 or more)
period	ELIE YARDEN 143 PLEASANT ST. CAMBRIDGE	A70	20	
		7		
			-	
17 Turned				
			3 - 3	
		- "		
	Total receipts in excess of \$50 (or listed above)	70	20	
	Total receipts \$50 and under* (not listed above)	d		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	770	20	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
period	U.5 Portoffice	CENTRAL SQUARE	Postage Homps FOR MAILINGS	\$70	20
			AND THE STATE OF T		
			<i>y</i>		
	· · · · · · · · · · · · · · · · · · ·				
				and the second s	
		Line 12: Expenditures over \$50			a a material de la constantina
		Line 13: Expenditures \$50 and under*			
F	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	\$ 70	20

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3



SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
period period	NONA + ELIE YARUZN	143 PLEASONT ST CAMBRIDGE	STATIONARY	\$ 5.00
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	\$5.00
	Enter on page 1, line 6	Line 17:	\$5,00	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address Purpose	Amount
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	0,00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Schedule E **Municipal Form**

Disclosure of Assets Statement Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commissi	ion		CPF ID#	
This form should be filed by	all candidates	and committees with each	year end and each diss	solution report.
Committee Name:			Date of re	port:
All can	ididates and co	ommittees must fill in Pa	art A <u>or</u> Part B.	
No assets* were acquired or dispo	osed of hy this	candidate/committee duri	ing the period covered	by this statement
Part B: Assets acquired: List all assets acquired have filed, list all assets.				
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
NA				
Assets disposed of: List all assets sol	d, traded or tra	nsferred during the repor	ting period covered by	this statement. Disposition Value
Include year, model or other identifying information, if applicable.	Acquired	Name and Address	of Disposition	Attach statement of how value is determined.
NA				
Assets acquired by a political committee must fulfill that committee. Assets may be disposed or	st be used for the	political purpose for which the must be disposed of prior to o	ne committee is organized and dissolution.	nd must remain the proper
An asset is defined as any one item that hat a cost/value of \$1,000 or more at the time of		nore than one year, would be	depreciable in a normal bus	siness environment, and ha
Signed under the penalties of perjury:	123/07	Sig	ned under the penalties of p	erjury:
Candidate signature Date	/		easurer signature	Date